UNITED STATES DISTRICT COURT

for the

Western District of New York

JOSEPH MILLER, individually and on behalf of his minor children attending an Amish school in Clymer and as a board member of that school, EZRA WENGERD, as representative of all Amish schools in the State of New York, JONAS SMUCKER, individually and on behalf of his minor children, DYGERT ROAD SCHOOL, PLEASANT VIEW SCHOOL a/k/a TWIN MOUNTAIN SCHOOL, SHADY LANE SCHOOL, Plaintiff(s)))))
V.	Civil Action No.
··)
DR. JAMES V. MCDONALD, in his official capacity as Commissioner of Health of the State of New York, and DR. BETTY A. ROSA, in her official capacity as Commissioner of Education of the State of New York, **Defendant(s)**))))
SUMMONS IN	N A CIVIL ACTION
To: (Defendant's name and address) DR. JAMES V. MCDONALD New York State Department of Corning Tower Empire State Plaza, Albany, NY 12237	, in his official capacity as Commissioner of Health of the State of New York f Health
A lawsuit has been filed against you.	
are the United States or a United States agency, or an office	you (not counting the day you received it) — or 60 days if you cer or employee of the United States described in Fed. R. Civ. aswer to the attached complaint or a motion under Rule 12 of ion must be served on the plaintiff or plaintiff's attorney,
whose name and address are: Elizabeth A. Brehm, Esq.	1 1
Siri & Glimstad LLP	
745 Fifth Avenue, Suite 50	0
New York, NY 10151	
(212)532-1091	
ebrehm@sirillp.com	a automod a socient view for the relief demanded in the commission
You also must file your answer or motion with the court.	e entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date:	
	Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (n	ame of individual and title, if an	ıv)		
was rec	ceived by me on (date)		·		
	☐ I personally serve	ed the summons on the ind	ividual at (place)		
			on (date)	; or	
	☐ I left the summon	s at the individual's reside	ence or usual place of abode with (name)		
	on (date), a person of suitable age and discretion who resides the, and mailed a copy to the individual's last known address; or				
	☐ I served the sumn	nons on (name of individual)		, who is	
	designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the sun	nmons unexecuted because	e	; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	•
	I declare under pena	lty of perjury that this info	ormation is true.		
Date:					
		_	Server's signature		
		_	Printed name and title		
		_	Server's address		

Additional information regarding attempted service, etc: